



## **ADP STAKEHOLDER MEETINGS**

### **SUMMARY AND OPTIONS FOR NEXT STEPS**

**October 5, 2011**

ADP developed five regional stakeholder sessions, and convened three additional advisory groups to gather input on the Realignment 2011 implementation and the future positioning of ADP programs and functions as a result of the Department's proposed elimination. Open community forums sessions were held in Alhambra, Oakland, Redding, Rialto, and Sacramento. The community sessions provided an orientation hour to review the documents that were posted on the Department's website and clarify terms/initiatives and then the sessions transitioned into an open forum that focused upon the seven questions. The three additional advisory group sessions involved existing networks that were requested to address the same questions – The Director's Advisory Committee, The Problem Gambling Advisory committee and county/provider prevention specialists.

1. What opportunities and/or benefits to counties, providers or clients do you see as a result of these separate initiatives (Drug Medi-Cal Transfer, Realignment of programs to counties, and the proposed elimination of the Department of Alcohol and Drug Programs)?
2. What do you believe will be the greatest challenges created by these changes (For counties, providers, clients)? What are your recommendations to address these challenges?
3. What are the most important functions/activities/programs to be retained at the state level? Any additional ones?
4. Within which department or agency should these functions be located, and why?
5. What are the most important functions/activities/programs to be performed at (or transferred to) the county level? (Are there any new ones?)
6. What other strategies should the Department of Alcohol and Drug Programs employ to engage racially, ethnically, linguistically, and culturally diverse clients, family members, and community stakeholders?
7. How can we best continue to involve stakeholders on an ongoing basis?

The total number of Stakeholder participants (non-ADP participants) are as follows:

- a. Five Regional Stakeholder Meetings: 375
- b. Director's Advisory Council: 24
- c. Prevention Stakeholders conference call: 45
- d. Office of Problem Gambling Advisory Group: 16



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The following is a high level summary of the participant comments, as well as those received by ADP through the Department's webpage and individual emails directed to staff.

**State level Alcohol and Other Drug Considerations** The overall comments received in the public forums recommended to relocate current staff with current functions as a complete unit. *Concerns* were raised that current ADP functions and staff expertise would be parceled out with multiple locations creating new challenges – multiple departments – multiple regulations and duplicative processes. The sub-merging of substance use disorder (SUD) services under one division of a state department was frequently referenced as a negative to the field. In addition, there was unease at the potential loss of the state's competitiveness with regard to discretionary federal grants and the interaction of state/federal collaborations. *Recommendations* to place the alcohol and other drug (AOD) Prevention components into the Department of Public Health, as the public health environmental approaches to wellness and Prevention are more inline with the existing Substance Abuse Prevention and Treatment (SAPT) Block Grant evidenced-based approaches, was consistently voiced state wide.

**Local Control** As was expected, the diversity of opinions expressed by the stakeholders reflected roles within the AOD/substance use disorder system, years of experience operating within the same, local perspectives based upon county government and state department interactions, and reviews of experiences / outcomes in other states / locations that had conducted similar initiatives. *Positives* - under the best circumstances, positive program changes could occur – streamlining the regulations/policies, encouraging the effective integration of SUD/MH, and the development of “no wrong doors”. *Concerns* included lack of county staff with expertise, the local politics controlling program development, and negative impacts upon providers with multiple county sites, loss of state wide standards will result in poorer outcomes.

**Integrating with Mental Health and Primary Care** *Positives* – strengths of all systems could be better coordinated for improved client care, development of co-occurring programs and “same day” services for complicated client care needs. *Concerns* included the existing imbalance in clinical staff and program funding would continue, and the specialty of addressing addiction/dependence would be lost.



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#### **Integrity of the Alcohol and Other Drug Field**

The field needs a single point of access for technical assistance and cabinet level advocacy. Reducing impacts to providers and county programs must be the top priority. Ensuring continuity of services, no lapse in contracts or payments, must also be a top priority.

#### **Maintained State Level Functions/Activities/Programs**

- **Administration of the federal Substance Abuse Prevention and Treatment (SAPT) Block Grant**
- **Data collection reporting and analysis Counselor certification**
- **Statewide Needs Assessment and Planning (SNAP)**
- **Program Licensing and Certification**
- **Narcotic Treatment Program (NTPs) Licensing and Monitoring**
- **Driving Under the Influence (DUI) Programs Licensing and Monitoring**
- **Counselor Certification**
- **Provide technical assistance (TA) and training to counties, providers and other service systems**
- **Public information, education and information dissemination through the Resource Center (RC)**
- **The Office of Problem Gambling**
- **Parolee Services Network (PSN)**
- **Administration of SAMHSA Discretionary Grants**